

Joint Commission Update

Barbara M. Soule, RN, MPA, CIC
Practice Leader, Infection Prevention and Control
Services
Joint Commission Resources and Joint
Commission International

Healthcare-Associated Infections: Translating Knowledge into
Practice Conference
Nevada State Health Division, Bureau of Health Care Quality
& Compliance
July, 2009

Joint Commission Update: Objectives

- **Describe the new NPSGs for 2010 and implementation strategies**
- **Discuss the Changes in the 2009 Standards and Scoring for IPC**
- **Describe the Joint Commission's emphasis on a culture of patient safety**
- **State current initiatives from TJC and JCR**

- **1. Describe the new NPSGs for 2010 and implementation strategies**

Infection Prevention and Control NPSGs 2010

How are NPSGs Determined?

National Patient Safety Goals

- Each year, NPSGs are identified from topics published in *Sentinel Event Alert*
- A small number of specific requirements for each of the NPSG will be identified for survey the following year

Sentinel Event Advisory Group

- **Nationally recognized experts in patient safety**
- **Individuals with hands-on experience in health care organizations, representative of the types & sizes of organizations and the various patient populations**
- **Experts in related fields such as pharmaceuticals, information technology, medical equipment, etc.**

The NPSG Development Process

- Annual selection of topics to be considered as new NPSGs
 - SE Advisory Group prioritizes topics
 - SE Advisory Group recommends and Standards and Survey Process (SSP) Committee approves
- Field Review
- Board of Commissioners approves the next year's NPSGs
- Next year's NPSGs announced in June

Sentinel Event Experience to Date

Of 4977 sentinel events reviewed by the Joint Commission, January 1995 through March 2008:

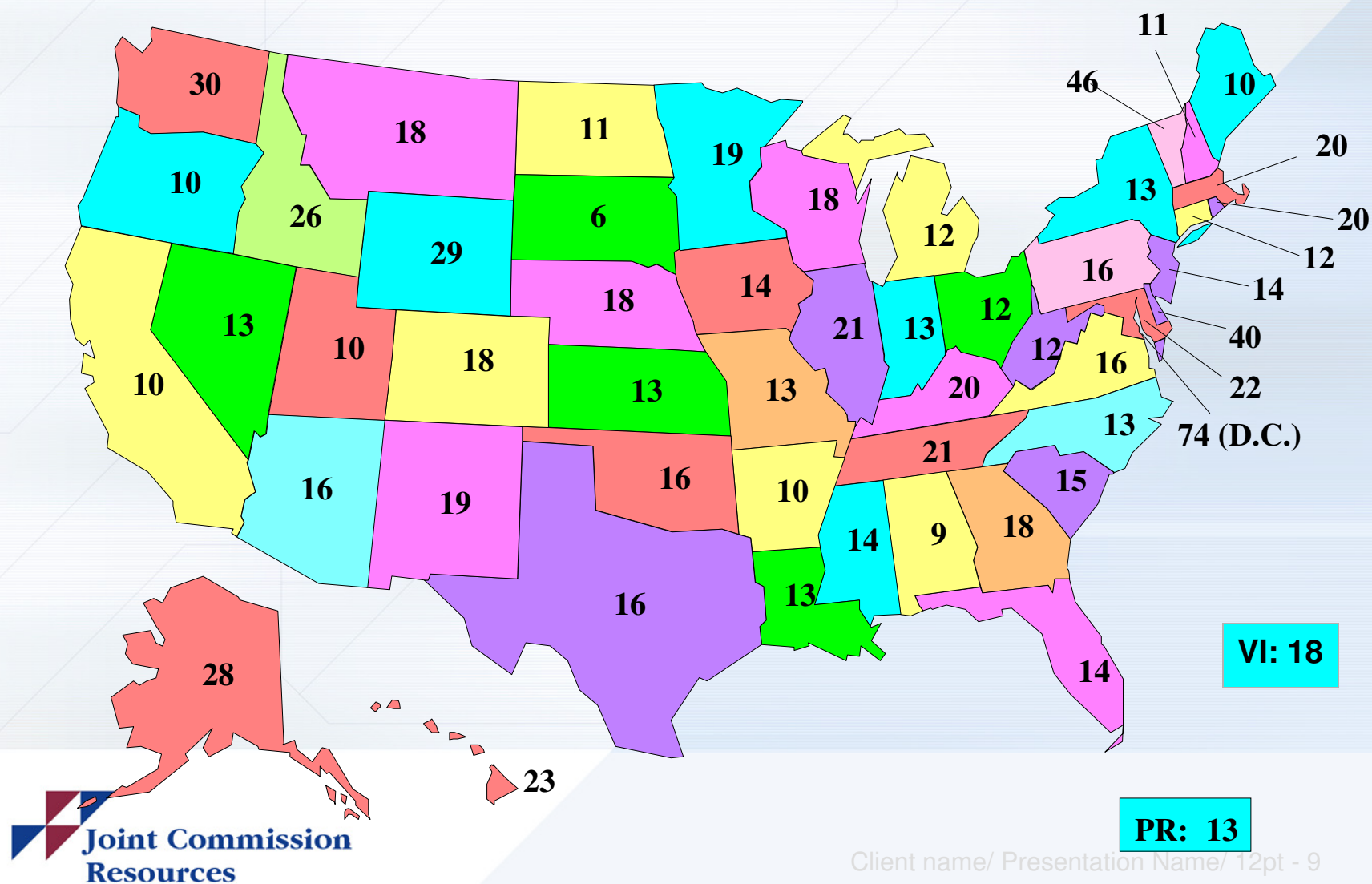
4977 Total
RCAs

104 Infection
Control

2%

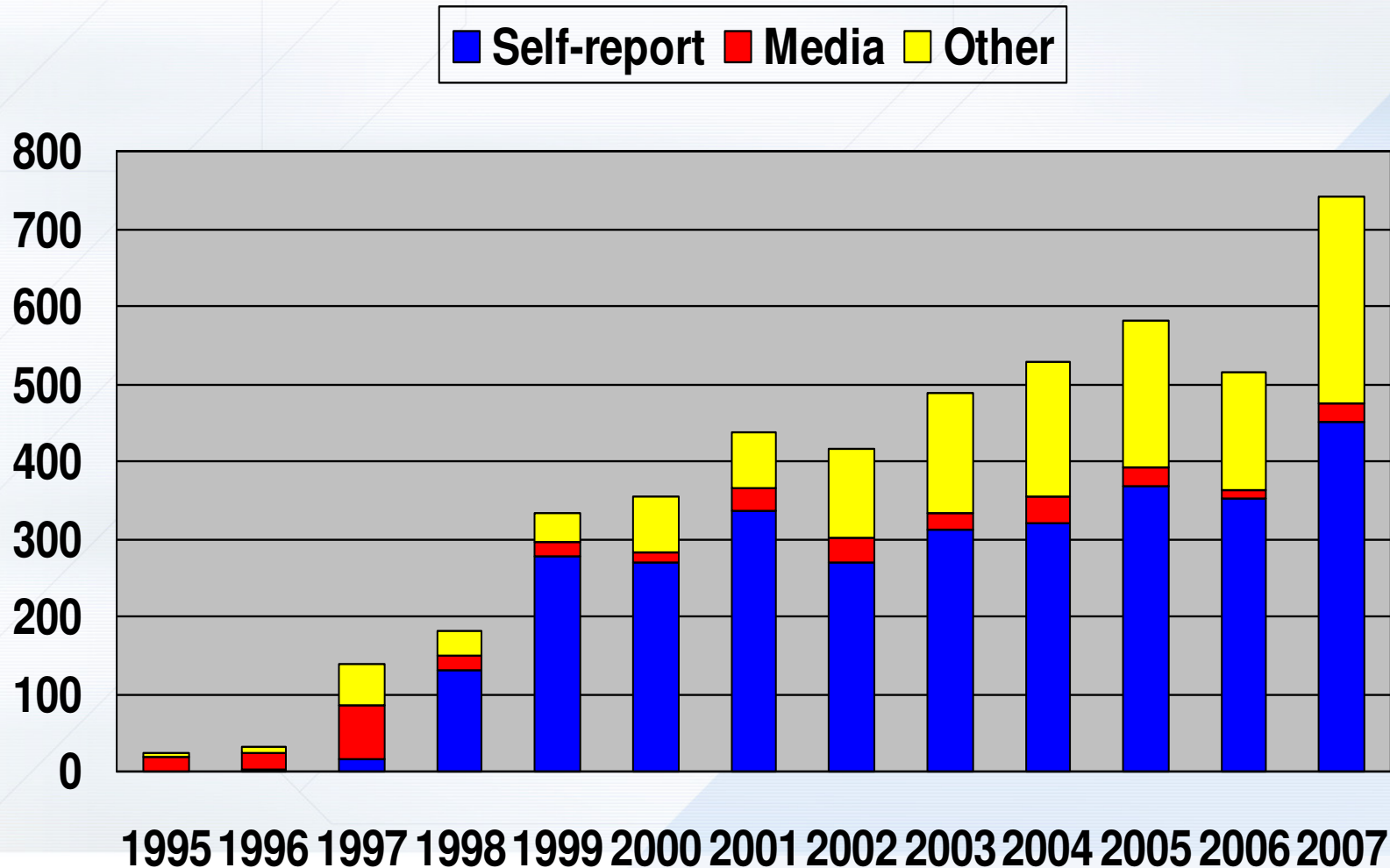
"Reviewed" Events per Million Population (by State)

January 1995-December 2007



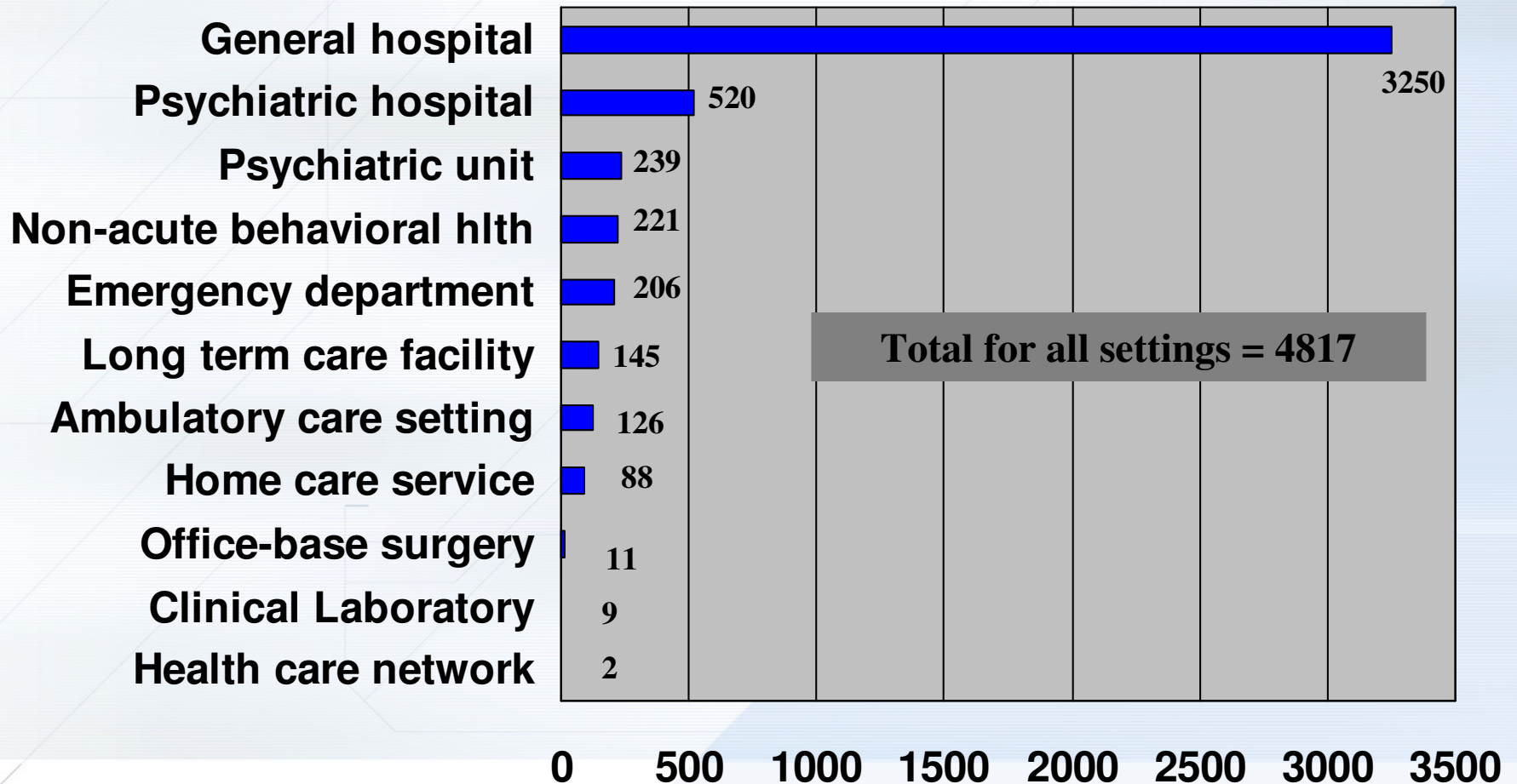
Sources of Sentinel Event Information

January 1995 through December 2007

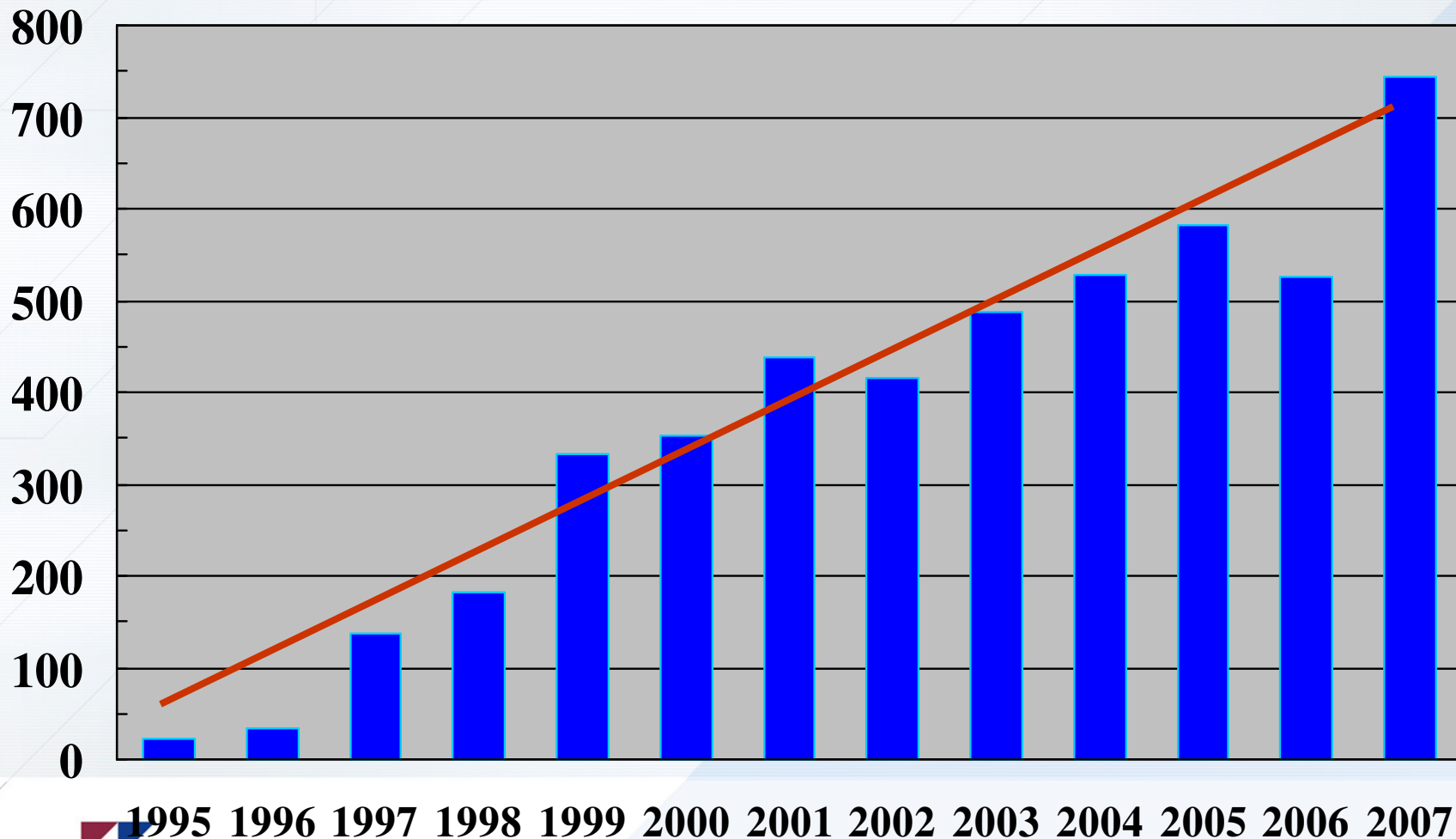


Settings of the Sentinel Events

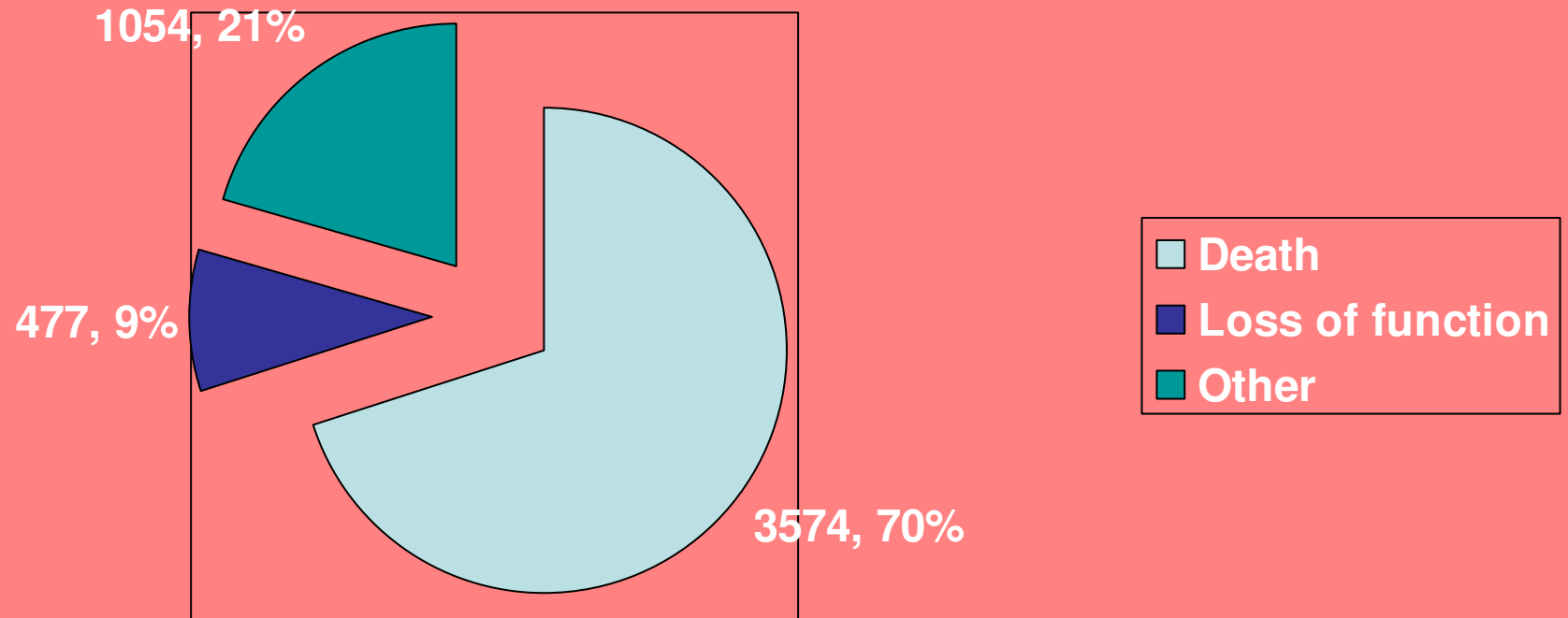
January 1995 through December 2007



Total Sentinel Events Reported by Year



Sentinel Event Outcomes



Sentinel Event Alerts Related to Infection Prevention and Control

- # 12 Op/post-op complications
- # 20 Creutzfeldt-Jakob disease
- # 22 Needles & sharps injuries
- # 25 Ventilator-related events
- # 28 Infection related sentinel events

National Patient Safety Goal .07

- .07.01.01 – Hand Hygiene
- .07.02.01 – Sentinel Events

NPSG Non- Compliance-Hospitals

NPSG requirement	2003	2004	2005	2006	2007
1A: Two identifiers	3.8%	4.1%	3.9%	8.1%	2.9%
1B: Time out before surgery	8.9%	8.0%	17.1%	25.8%	---
2A: Read-back verbal orders	7.4%	8.2%	11.6%	15.7%	3.4%
2B: Standardize abbreviations	23.5%	24.8%	39.5%	36.9%	23.2%
2C: Improve timeliness of reporting	---	---	7.6%	26.9%	33.8%
2E: Hand-off communications	---	---	---	6.1%	0.8%
3A: Concentrated electrolytes	3.0%	1.9%	1.3%	---	---
3B: Limit concentrations	0.6%	0.9%	1.5%	1.7%	0.8%
3C: Manage look-alike/sound-alike drugs	---	---	1.9%	7.4%	5.0%
3D: Label medications & solutions	---	---	---	8.9%	18.8%
7A: CDC hand hygiene guidelines	---	1.2%	3.6%	8.8%	9.8%
7B: HC-associated infection & RCA	---	0.1%	0.0%	0.1%	0.0%
8A: Medication reconciliation – list	---	---	0.0%	33.9%	15.4%
8B: Medication reconciliation – reconcile	---	---	0.3%	27.5%	10.9%
9A: Fall risk assessment	---	---	3.0%	---	---
9B: Fall prevention program	---	---	---	6.5%	4.2%
13A: Active patient involvement	---	---	---	---	0.2%
15A: Suicide risk assessment	---	---	---	---	1.9%

Goal 7

Healthcare-associated infections

Three new requirements

- **NPSG.07.03.01** – Multiple Drug Resistant Organism (MDRO)
- **NPSG.07.04.01** - Central line-associated bloodstream infection
- **NPSG.07.05.01** – Surgical site infection

Phase-in Milestones – All Requirements

April 1, 2009—Assign responsibility

July 1, 2009—Work plan in place

October 1, 2009—Pilot testing under
way

January 1, 2010—Fully implemented

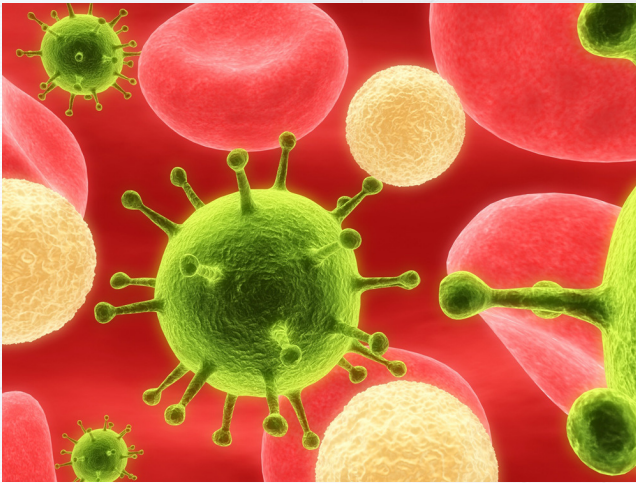
National Patient Safety Goal #7

Element of Performance	Applies to:
7.01 and 7.02	All Programs
7.03 (MDRO)	HAP and CAH
7.04 (CRBSI)	HAP, CAH, AHC LTC, OME
7.05 (SSI)	HAP, CAH, AHC, OBS

Goal 7

Healthcare-associated infections

NPSG.07.03.01 - New Requirement



- Evidence-based practice to prevent HCAI due to multiple drug-resistant organisms in acute care
- Includes MRSA, CDI, VRE, multiple drug-resistant gram negative bacteria

Healthcare-associated infections

NPSG.07.03.01 – by January 1, 2010

- Conduct MDRO risk assessment
- Educate staff, LIPs and patients
- Implement surveillance program

Goal 7

Healthcare-associated infections

NPSG.07.03.01 – by January 1, 2010

Measure and monitor MRDO prevention processes

- MRDO infection rate
- Compliance with evidenced-based guidelines
- Evaluation of education program for staff and LIPs

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY OCTOBER 2008, VOL. 29, NO. 10

SHEA/HICPAC POSITION PAPER

Recommendations for Metrics for Multidrug-Resistant Organisms in Healthcare Settings: SHEA/HICPAC Position Paper

Adam L. Cohen, MD, MPH; David Calfee, MD, MS; Scott K. Fridkin, MD; Susan S. Huang, MD, MPH;
John A. Jernigan, MD; Ebbing Lautenbach, MD, MPH, MSCE; Shannon Oriola, RN, CIC, COHN;
Keith M. Ramsey, MD; Cassandra D. Salgado, MD, MS; Robert A. Weinstein, MD; for the Society for Healthcare
Epidemiology of America and the Healthcare Infection Control Practices Advisory Committee

Goal 7

Health care-associated infections

NPSG.07.03.01 – by January 1, 2010

- Provide MDRO surveillance data to key stakeholders
- Implement P&Ps for reducing transmission risks

Goal 7

Health care-associated infections

NPSG.07.03.01 – by January 1, 2010

- Based on risk assessment, implement laboratory-based alert system
- Implement alert system that identifies readmitted or transferred MDRO-positive patients

Strategies for Meeting .07.03.01

- How to perform a risk assessment for MDROs?
- What to survey?
 - Colonized or infected
 - HAI or CAI
 - Invasive
 - Site
 - Other
- Implementing Alert Systems
 - Methods
 - Validating accuracy
 - Appropriate action?

Goal 7

Health care-associated infections

NPSG.07.04.01 - by January 1, 2010

- Evidence-based practice to prevent central line-associated bloodstream infections



Health Care Associated Infections

NPSG.07.04.01: Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.

- *Applies to: Ambulatory, Critical Access Hospital, Home Care, Hospital, Long Term Care*
- *Total Surveillance*

Goal 7

Healthcare-associated infections

NPSG.07.04.01 by January 1, 2010

- Educate involved health care workers
- Educate patients prior insertion of central venous catheter
- Implement P&Ps for reducing risk of infection

Goal 7

Healthcare-associated infections

NPSG.07.04.01 by January 1, 2010

- Measure and monitor
 - Risk assessment for central line-associated bloodstream infections
 - Central line-associated bloodstream infection rates

Goal 7

Healthcare-associated infections

NPSG.07.04.01 by January 1, 2010

- Measure and monitor
 - Compliance with evidenced-based guidelines
 - Evaluate effectiveness of preventions

Goal 7

Healthcare-associated infections

NPSG.07.04.01 by January 1, 2010

- Provide infection rate data to key stakeholders
- Use catheter checklist and standardized protocol for insertion
- Perform hand hygiene
- Adult patients – no insertion into femoral vein

Goal 7

Healthcare-associated infections

NPSG.07.04.01 by January 1, 2010

- Standardized cart/kit
- Maximum barrier precautions
- Chlorhexidine-based antiseptic skin prep

Goal 7

Healthcare-associated infections

NPSG.07.04.01 by January 1, 2010

- Standardized protocol for disinfection
 - Hubs, caps
- Evaluate need for central venous catheters routinely
 - Rounding, Teams

Goal 7

Healthcare-associated infections

NPSG.07.05.01

- Implement best practice for preventing surgical site infections



NPSG.07.05.01: Implement best practices for preventing surgical site infections.

- ***Applies to: Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery***
- ***Targeted Surveillance***

Goal 7

Healthcare-associated infections

NPSG.07.05.01 by January 1, 2010

- Educate involved staff
- Implement P&Ps aimed at risk reduction

Goal 7

Healthcare-associated infections

NPSG.07.05.01 by January 1, 2010

- Measure and monitor
 - Risk assessment for surgical site infections
 - Select measures
 - Compliance with evidenced-based guidelines
 - Evaluate effectiveness of prevention efforts

Goal 7

Healthcare-associated infections

NPSG.07.05.01 by January 1, 2010

- Measurement strategies
 - Follow evidenced-based guidelines
 - Rates measured
 - 30 days following procedures that don't involve implantable device
 - 1 year if implantable device

Goal 7

Healthcare-associated infections

NPSG.07.05.01 by January 1, 2010

- Provide infection rate data and outcome measures to key stakeholders
- Evidenced-based practice followed for administration of prophylactic antimicrobial agents
- Hair removal – no shaving

Check out the:

SHEA/IDSA HAI Compendium of Implementation Strategies to Prevent Infections in Acute Care Hospitals

- www.apic.org
- <http://www.shea-online.org/about/compendium.cfm>
- <http://www.journals.uchicago.edu/toc/iche/2008/29/s1>
- http://www.cdc.gov/ncidod/dhqp/HAI_shea_idsa.html

Submitting Alternative Approaches

- Proposed alternatives must be at least as effective as the published Requirements in achieving the Goals.
- Proposed alternatives must be formally approved by The Joint Commission based on the Sentinel Event Advisory Group's review.
- Forms to submit a “Request for Review of an Alternative Approach to a NPSG Requirement ” are found at:
 - http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/npsg_rfr.htm

Surveying and Scoring the National Patient Safety Goals

- All applicable Goals & Requirements, or acceptable alternative approaches, must be implemented.
- Surveyors evaluate the actual performance, not just the intent of meeting the Goals and Requirements.
- NPSG Requirements are scored as either Compliant or Not Compliant.
- Failure to comply with a NPSG Requirement will result in a “Requirement for Improvement” (RFI).

2. Discuss the Changes in the 2009 Standards and Scoring for IPC

Standards Improvement Initiative SII

SII Project Goals

- Enhance clarity and objectivity of standards and EPs
- Tailor standards language to characteristics of each program
- Refine scoring and decision processes
- Enhance manuals for ease of use

Standards and EPs were reviewed for

- Structure
 - Is it logically placed?
 - Is it duplicative of other requirements?
 - Is it essential?
- Wording
 - Is it clear?
 - Is it program specific?

Numbering matches chapter outline...

Chapter Outline Infection Prevention and Control

- I. Planning
 - A. Resources (revised IC.01.01.01)
 - B. Risks (revised IC.01.02.01)
 - C. Goals (revised IC.01.03.01)
 - D. Activities (revised IC.01.04.01)
 - E. Activities IC.01.05.01
 - F. Influx IC.01.06.01

- II. Implementation
 - A. Activities (revised IC.02.01.01)
 - B. Medical Equipment, Devices, and Supplies (revised IC.02.02.01)
 - C. Transmission of Infections (revised IC.02.03.01)
 - D. Influenza Vaccinations (revised IC.02.04.01)

- III. Evaluation (revised IC.03.01.01)

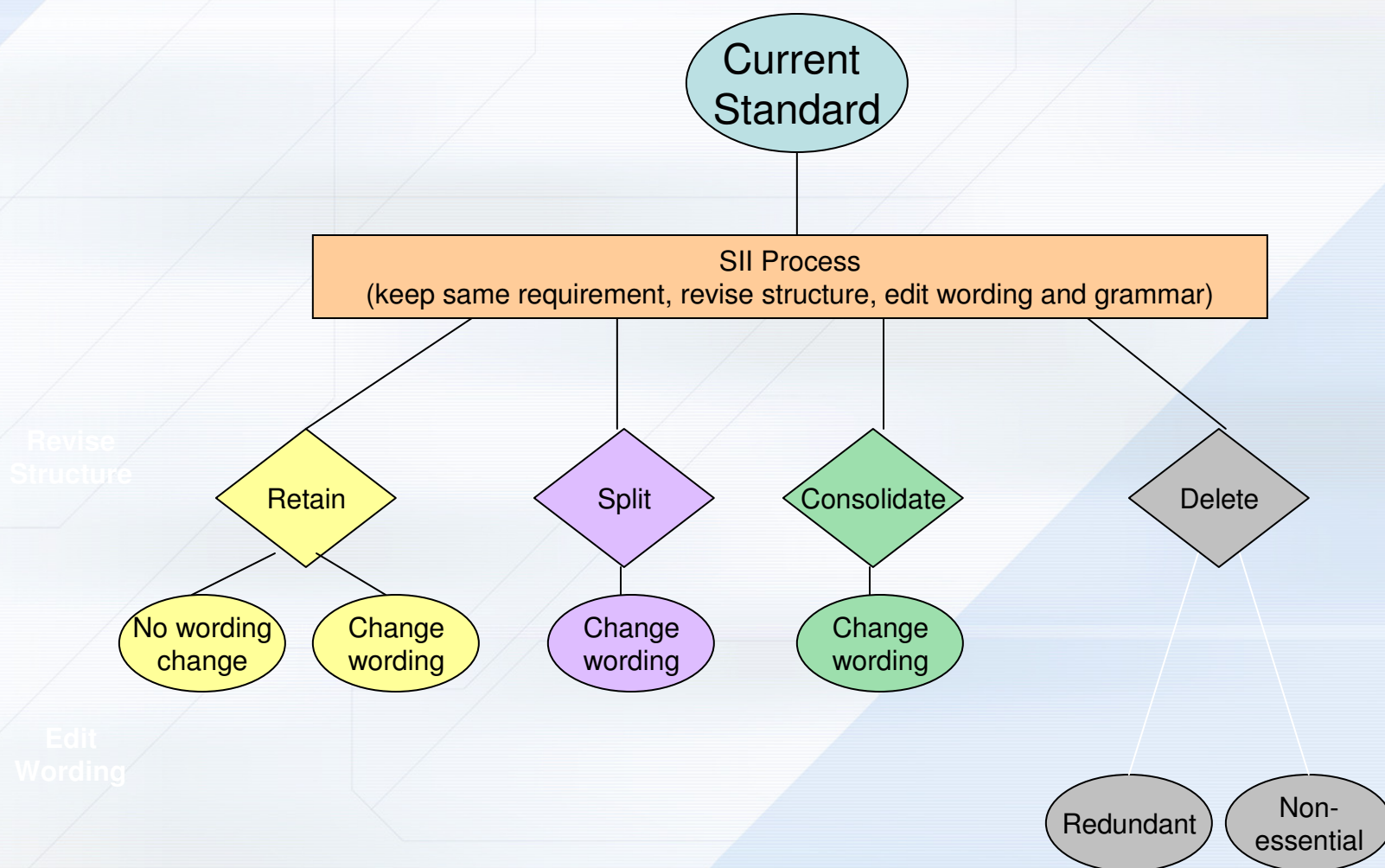
Numbering matches chapter outline...

Current Stnd	2009 Stnd	Chap	Roman Numeral	Letter in Outline	2009 Stnd #
IC.4.15	IC.02.04.01	IC	02 II <i>Implementation</i>	04 D <i>4th item</i>	01

Initiative limit

- **Only current requirements – not adding new ones**
- New standards or EPs will be handled through usual standards development process

Standards Improvement Initiative (SII) Process



Guidelines used

- Structure
 - Avoid compound or bulleted requirements
 - Avoid the same requirement in two places
 - Create a logical flow – EPs within a standard, standards within a chapter, chapters within a manual

More guidelines

- Language

- Use simple direct language
- Avoid “hard to measure” words
 - (e.g.; *appropriate, considers, as needed*)
- Reduce jargon & terms unique to Joint Commission
- Conform to style – seeking one voice

Six new chapters created

- Emergency Management
- Equipment (Home Care only)
- Life Safety (Phase One and Phase Two Programs)
- Record of Care, Treatment and Services
- Transplant Safety
- Waived Testing

2009 Scoring and Accreditation Decision Model

2009 Scoring/Accreditation Decision Model - Summary

- Elements of Performance (EP) will be categorized by common scoring characteristics (**e.g., Category A - yes/no, Category C - multiple observations of non-compliance**). **The use of Category B EPs eliminated**

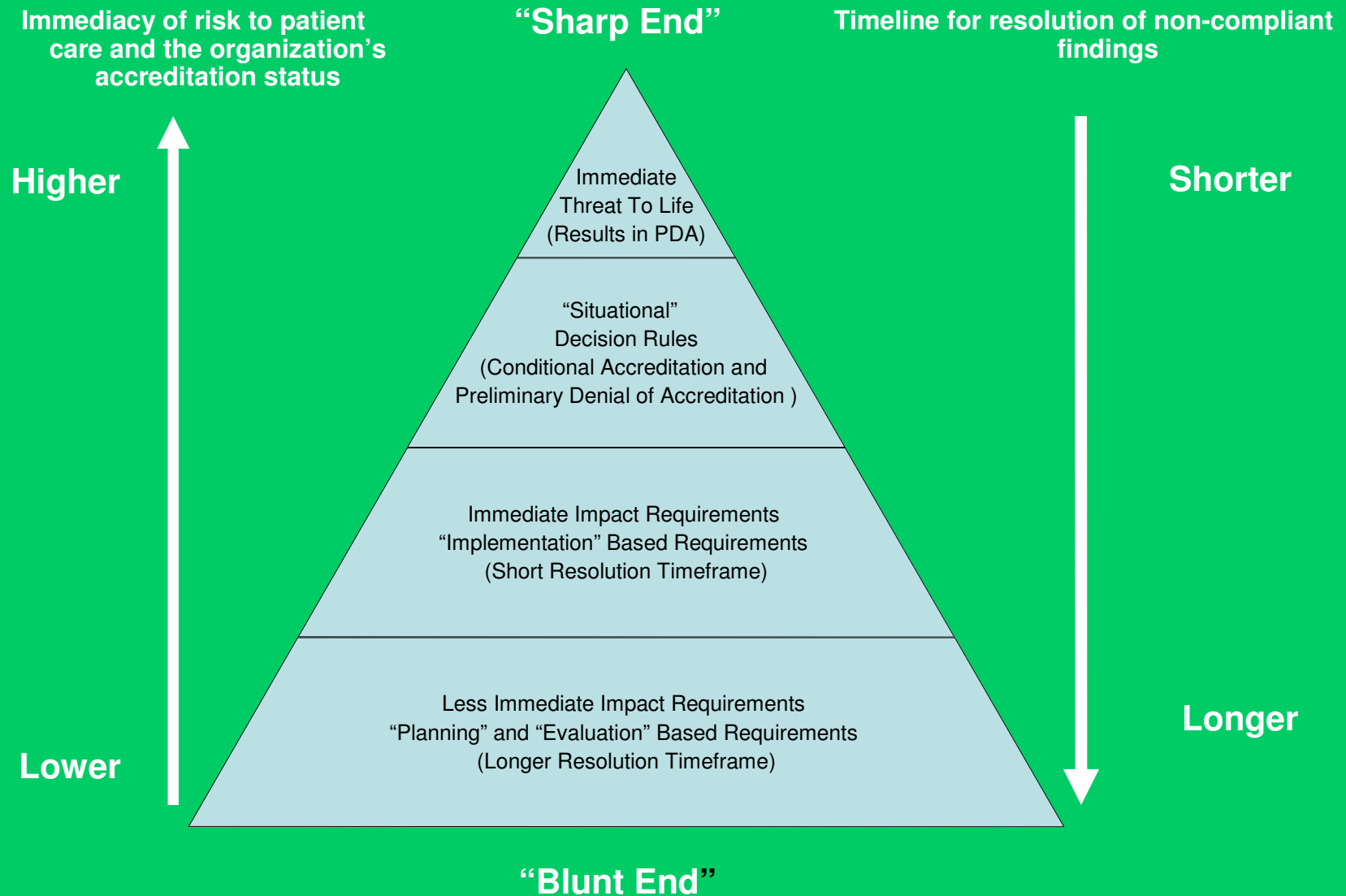
Elements of Performance will be tagged based on their “**criticality**” – immediacy of the impact on quality of care and patient safety as the result of non-compliance.

- **Immediate Impact requirements.**
 - **Less Immediate Impact requirements.**
- EPs will be evaluated on a 3-point scale - **satisfactory compliance, partial compliance, or insufficient compliance.**

2009 Scoring/Accreditation Decision Model - Summary

- All partially compliant and insufficiently compliant EP must be addressed via the Evidence of Standards Compliance (ESC) submission process - No “Supplemental” findings.
- Potentially multiple submission deadlines based on the “immediacy” of risk.
 - **Immediate Impact Requirements: ESC due within 45 days.**
 - **Less Immediate Impact Requirements: ESC due within 60 days.**
- If partial compliance or insufficient compliance is not resolved, a progressively more adverse accreditation decision may result: Provisional, Conditional, Preliminary Denial of Accreditation.

2009 Scoring/Accreditation Decision Model



Changes specific to IC

- Many implied requirements now specifically addressed
- Planning process and written plan made clear
- High risk activities separated (isolation, sterilization, employee health)



IC.01 (Planning) Outline

Responsibility	IC.01.01.01
Resources	IC.01.02.01
Risks	IC.01.03.01
Goals	IC.01.04.01
Activities	IC.01.05.01
Influx	IC.01.06.01

IC.02 (Implementation) Outline

Plan Implementation	IC.02.01.01
Medical Equipment, Devices, and Supplies	IC.02.02.01
Transmission of Infections	IC.02.03.01
Influenza Vaccinations	IC.02.04.01

IC.03.01.01 Plan Evaluation

The hospital evaluates the effectiveness of its infection prevention and control plan.

EP 1-Annual Evaluation

“The hospital evaluates the effectiveness of its infection prevention and control plan annually and whenever risks significantly change.”

—The organization must ask, “How did we do?”



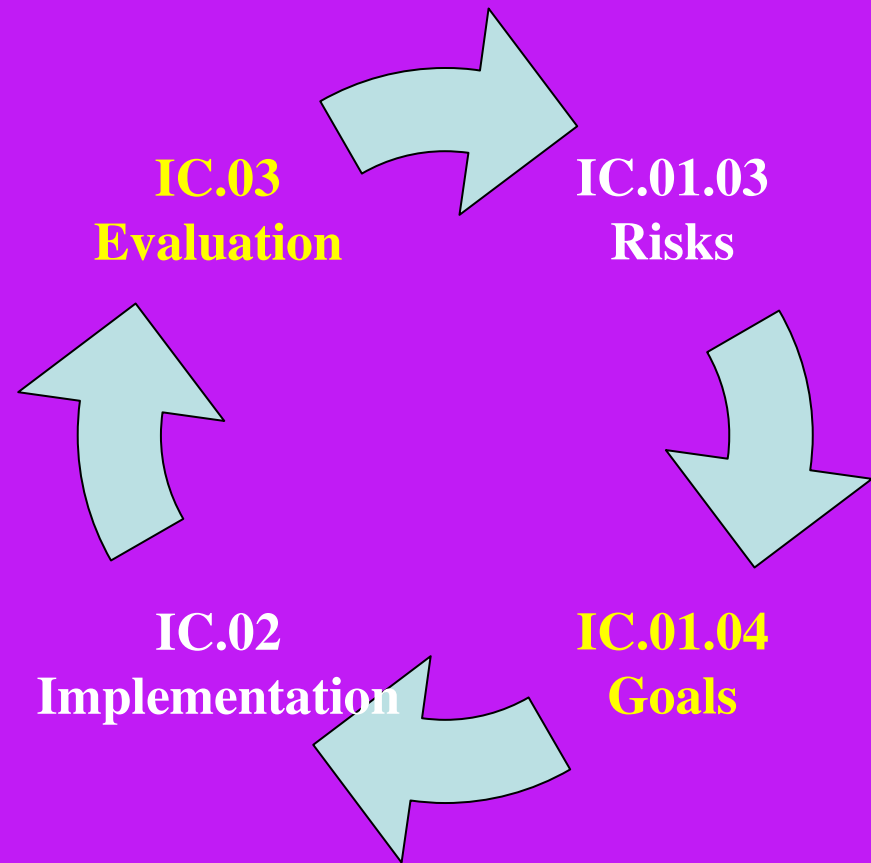
EP 2-Evaluation of Risks



“The evaluation includes a review of the following: The infection prevention and control plan's prioritized risks.”

EP 3-Evaluation of Goals

“The evaluation includes a review of the following: The infection prevention and control plan's goals.”



EP 4-Evaluation of Activities



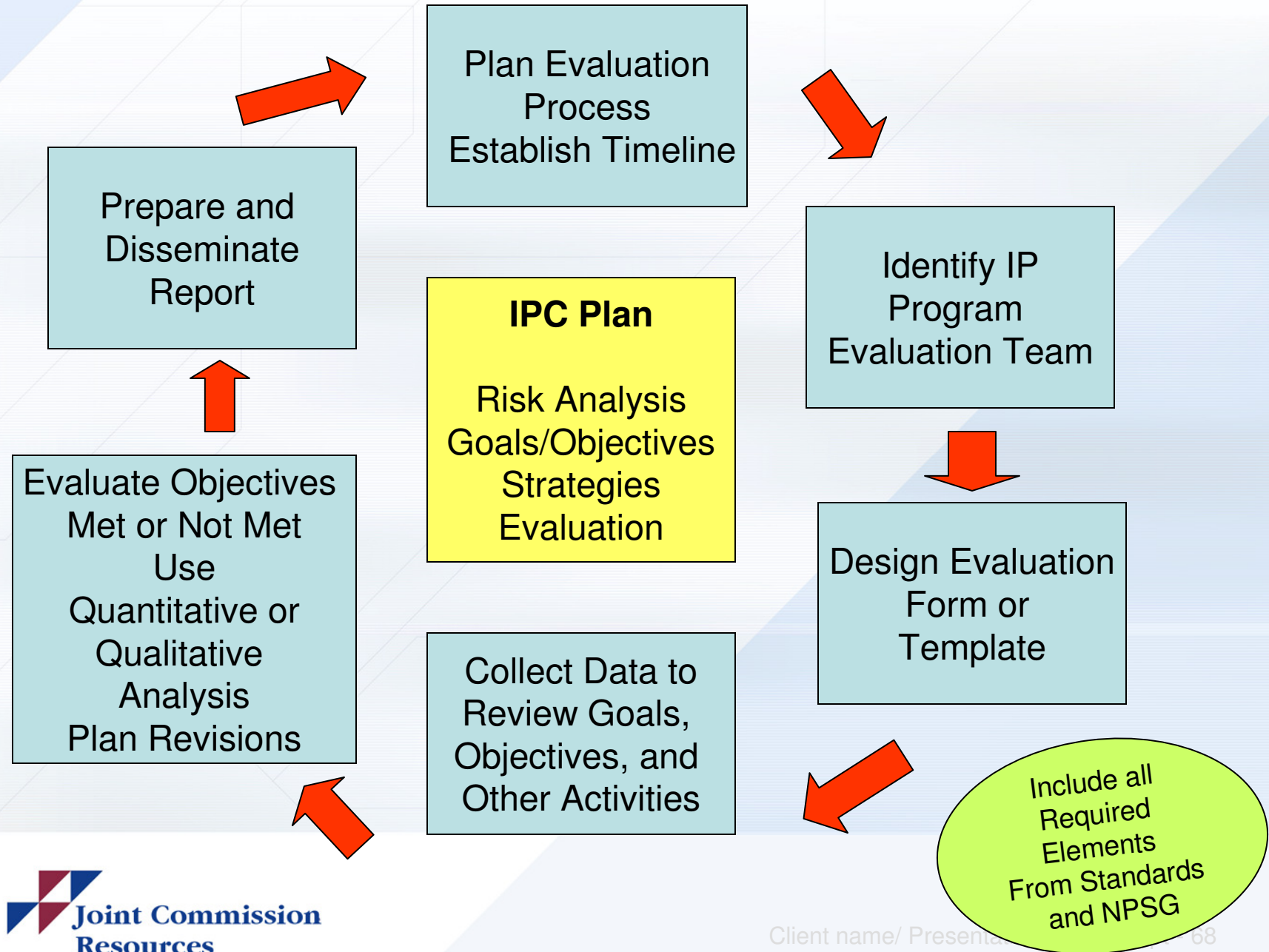
“The evaluation includes a review of the following:
Implementation of the infection prevention and control plan’s activities.”

EP 5-Annual Report to Safety

“Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary group that manages the patient safety program.”



Annual Evaluation Process



General Perpetual Readiness Strategies

- Know the Standards and Your Program
- Policies and Procedures
- Tracer Methodology
- National Patient Safety Goals
- Infrastructure to Support IC
- Expand Your Reach
- Collaboration
- Education
- Maintaining Interest
 - Readiness rounds
 - Games and competition
 - Integrate into required education
 - Screen savers
 - Posters and other visuals
- Have documents ready

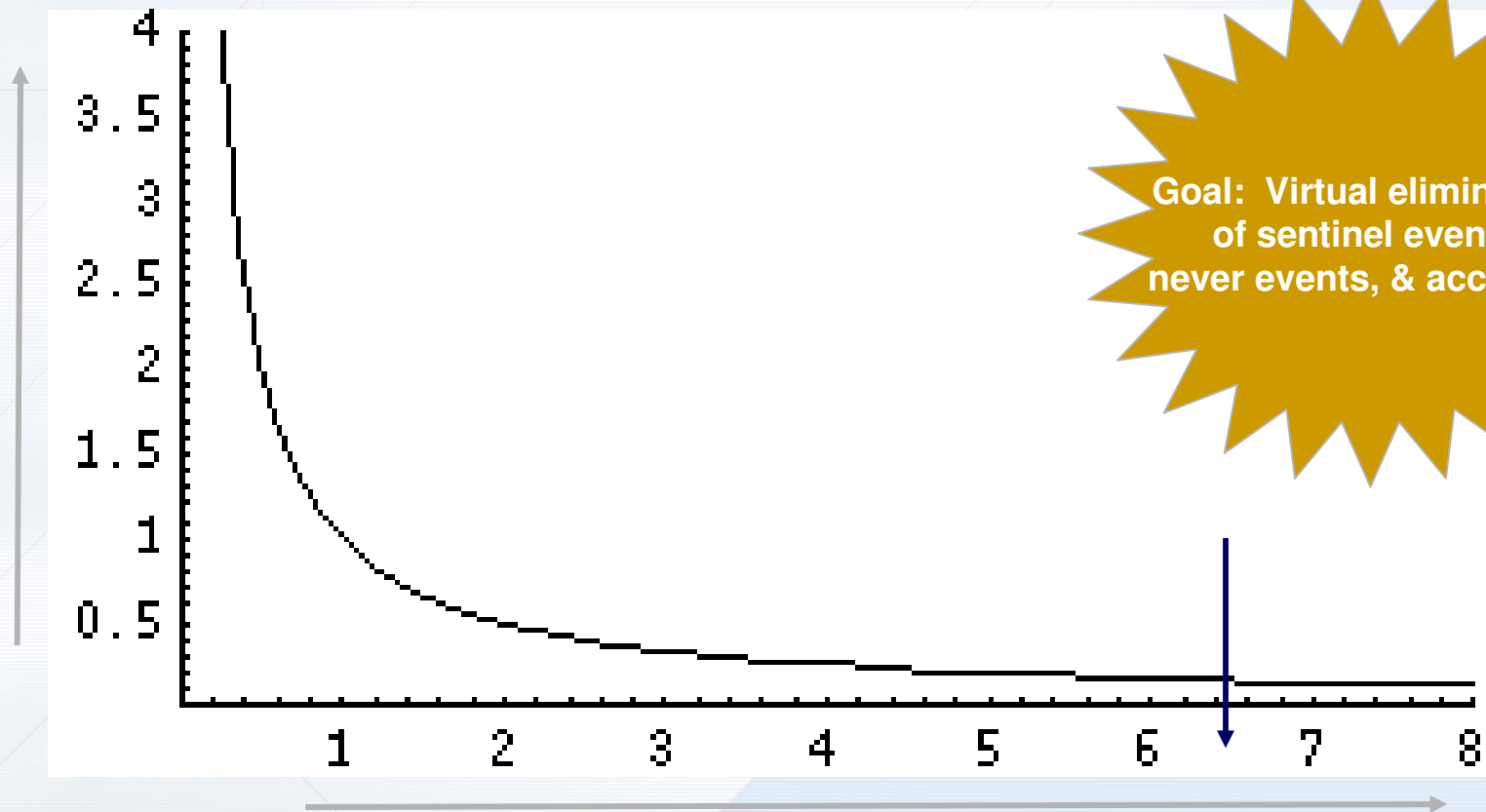
3. Describe the Joint Commission's emphasis on a culture of patient safety

Leaders lead the way for a culture of patient safety

- Set the goal for elimination of healthcare associated infections (HAI)
- Establish the aim of “chasing *zero*”
- Establish a culture that holds everyone accountable for adhering to proven infection prevention measures and practice;
- Do not tolerate ineffective or broken processes and systems that fail patients, residents, healthcare personnel, and communities,
- Design and support *safer systems* that prevent harm

Culture of Safety and High Reliability Organizations

Occurrence



Time

Characteristics of a highly reliable organization (HRO) are:

- **Preoccupied with failure**

- **Reluctant to simplify interpretation of problems**

- Failures are important to learn about system

- Near misses; good catches

- Blaming

- Firing employee – (Betsy Lehman; Boston Globe Science Writer – Dana Farber)

Characteristics of HRO: An Organization are:

- Sensitive to operations**
 - Committed to resilience**
 - Defers to expertise**
- understanding current frontline operations
 - accept people as fallible – expect failures and fix them
 - empower experts near the problem – NOT top down

Culture of Safety

- “Do no harm” expanded to an expectancy of how an organization works
- Culture of Safety includes
 - Flat hierarchy related to communication
 - Support of teamwork
 - Encouragement to openly discuss any & all concerns
 - Disclosure and apology

How do the JC Leadership Standards Support a Culture of Patient Safety?

Standard LD.03.01.01

- Leaders *create and maintain a culture of safety and quality throughout the organizations*
 - Evaluation of culture with valid tool
 - Prioritize and implement changes identified by tool
 - Everyone should have opportunity to participate

Leaders must:

- Provide education to everyone about Q&S
- Support a team approach among staff at all levels
- Encourage open discussion of Q&S among everyone
- Provide Information on Q&S to everyone
- Identify how patients can help identify and manage issues of Q&S

4. State current initiatives from TJC and JCR

Other Joint Commission / JCR Initiatives

- Providing a Safer Environment for Health Care Personnel and Patients Through Influenza Vaccination www.jointcommission.org
- Foundations of Infection Control: Web-based interactive 14 module course in basic infection prevention and control – Univ of Minnesota School of Nursing and JCR – CEU –Academic www.jcrinc.com
- Infection Control Applicability to Offsite Interpretative Reading Provides (Radiology, Cardiology, Pathology) www.jointcommission.org
- Meeting The Joint Commission's Infection Prevention and Control Requirements, 2nd Edition

Other Joint Commission / JCR Initiatives

- Measuring Hand Hygiene Adherence: Overcoming the Challenges
www.jointcommission.org
- Flu Challenge www.jcrinc.com
- Joint Commission's Position on Steam Sterilization www.jointcommission.org

Summary

- New NPSGs for Infection Prevention
- IC Standards reorganized and clarified
- Great emphasis on a Culture of Patient Safety
 - Leadership Roles and Responsibilities
- Issues and resources from the Joint Commission and Joint Commission Resources

Questions



Please feel free to contact Barbara at
bsoule@jcrinc.com